

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Hallstrom Enterprises, Inc.

2. Principal Office Address

1723 S.W. Dixie Highway

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32962

Country

USA

3. Mailing Office Address

1723 S.W. Dixie Highway

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32962

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0864989

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael D. Fowler, Esquire

Street Address (P.O. Box Number is Not Acceptable)

311 S. 2nd Street

Suite, Apt. #, Etc.

City

Fort Pierce

State
FL

Zip Code

34950

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/21/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Diane Hallstrom Radebaugh	1495 Arden Drive	Lincolnton, NC 28092
VP	Rosemary Skow also director	5554 Lake Ridge Drive 7008 COQUINA AV	Brighton, MI 48116 FT. PIERCE, FL 34951
VPFIN	Nels E. Hallstrom director	1431 Bayshore Drive	Fort Pierce, FL 34949
S	Cindy Hallstrom Trefelner	3603 Juan Ortiz Circle	Fort Pierce, FL 34947
T	Gail H. Flesche also director	5554 Lake Ridge Drive	Brighton, MI 48116
VPDR	ROSEMARY SKOW	7008 Coquina Avenue	Fort Pierce, FL 34951

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/00 361-464-6747

REINSTATEMENT

99-00

SP